

---

# Medicare Coverage Issues Manual

---

Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal 154

Date: MAY 1, 2002

---

## CHANGE REQUEST 2142

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
Table of Contents	2	2
80-1 – 80-3	2	2

**NEW/REVISED MATERIAL--*EFFECTIVE DATE*: OCTOBER 1, 2002**

***IMPLEMENTATION DATE*: OCTOBER 1, 2002**

Section 80-3, Medical Nutrition Therapy, this instruction implements the National Coverage Determination (NCD) for Medical Nutrition Therapy §1861(a)(1)(A) of the Social Security Act. The NCD covers the duration and frequency of the MNT benefit and how the MNT and DSMT benefits should be coordinated.

The other coverage provisions were published in a final rule on November 1, 2001 to add sections 42 CFR 410.130 – 410.134 and 42 CFR 414.64.

These sections of the Coverage Issues Manual are NCDs. NCDs are binding on all Medicare carriers, intermediaries, peer review organizations, Health Maintenance Organizations, Competitive Medical Plans, and Health Care Prepayment Plans. Under 42 CFR 422.256(b), an NCD that expands coverage is also binding on a Medicare+Choice Organization. In addition, an administrative law judge may not review an NCD. (See §1869 (f)(1)(A)(i) of the Social Security Act.)

**These instructions should be implemented within your current operating budget.**

**DISCLAIMER:** The revision date and transmittal number only to the redlined material. All other material was previously published in the manual and is only being reprinted.

**CMS-Pub. 6**

## COVERAGE ISSUES

Endothelial Cell Photography	50-38
Telephone Transmission of Electroencephalograms	50-39
Ambulatory Electroencephalographic (EEG) Monitoring	50-39.1
Stereotaxic Depth Electrode Implantation	50-40
Human Tumor Stem Cell Drug Sensitivity Assays	50-41
Ambulatory Blood Pressure Monitoring	50-42
Digital Subtraction Angiography	50-43
Bone (Mineral) Density Study	50-44
Lymphocyte Mitogen Response Assays	50-45
Transillumination Light Scanning, or Diaphanography	50-46
Cardiointegram (CIG) as an Alternative to Stress Test or Thallium Stress Test	50-47
Portable Hand-Held X-Ray Instrument	50-48
Computer Enhanced Perimetry	50-49
Displacement Cardiography	50-50
Diagnostic Breath Analyses	50-51
Serologic Testing for Acquired Immunodeficiency Syndrome (AIDS)	50-52
Food Allergy Testing and Treatment	50-53
Cardiac Output Monitoring by Electrical Bioimpedance	50-54
Prostate Cancer Screening Tests	50-55

### Dialysis Equipment

Water Purification and Softening Systems Used In Conjunction With Home Dialysis	55-1
Peridex CAPD Filter Set	55-2
Ultrafiltration Monitor	55-3

### Durable Medical Equipment

White Cane for Use by a Blind Person	60-3
Home Use of Oxygen	60-4
Power-Operated Vehicles That May Be Used as Wheelchairs	60-5
Specially Sized Wheelchairs	60-6
Self-Contained Pacemaker Monitors	60-7
Seat Lift	60-8
Durable Medical Equipment Reference List	60-9
Home Blood Glucose Monitors	60-11
Infusion Pumps	60-14
Safety Roller	60-15
Lymphedema Pumps	60-16
Continuous Positive Airway Pressure (CPAP)	60-17
Hospital Beds	60-18
Air-Fluidized Bed	60-19
Transcutaneous Electrical Nerve Stimulators (TENS)	60-20
Intrapulmonary Percussive Ventilator (IPV)	60-21
Vagus Nerve Stimulation for Treatment of Seizures	60-22
Speech Generating Devices	60-23
Non-Implantable Pelvic Floor Electrical Stimulator	60-24
Noncontact Normothermic Wound Therapy (NNWT)	60-25

Prosthetic Devices

Hydrophilic Contact Lenses	65-1
Electrical Continence Aid	65-2
Scleral Shell	65-3
Carotid Sinus Nerve Stimulator	65-4
Electronic Speech Aids	65-5
Cardiac Pacemakers	65-6
Intraocular Lenses (IOLs)	65-7
Electrical Nerve Stimulators	65-8
Incontinence Control Devices	65-9
Enteral and Parenteral Nutritional Therapy Covered as Prosthetic Device	65-10
Parenteral Nutrition Therapy	65-10.1
Enteral Nutrition Therapy	65-10.2
Nutritional Supplementation	65-10.3
Bladder Stimulators (Pacemakers)	65-11
Phrenic Nerve Stimulator	65-13
Cochlear Implantation	65-14
Artificial Hearts and Related Devices	65-15
Tracheostomy Speaking Valve	65-16
Urinary Drainage Bags	65-17
Sacral Nerve Stimulation For Urinary Incontinence	65-18

Braces - Trusses - Artificial  
Limbs and Eyes

Corset Used as Hernia Support	70-1
Sykes Hernia Control	70-2
Prosthetic Shoe	70-3

Patient Education Programs

Institutional and Home Care Patient Education Programs	80-1
Diabetes Outpatient Self-Management Training	80-2
Medical Nutrition Therapy	80-3

Nursing Services

Home Health Visits to a Blind Diabetic	90-1
Home Health Nurses' Visits to Patients Requiring Heparin Injections	90-2

## 70 BRACES - TRUSSES - ARTIFICIAL LIMBS AND EYES

## 70-1 CORSET USED AS HERNIA SUPPORT

A hernia support (whether in the form of a corset or truss) which meets the definition of a brace is covered under Part B under §1861(s)(9) of the Act.

See Intermediary Manual, §3110.5; Medicare Carriers Manual, §2133; and Hospital Manual, §228.5.

## 70-2 SYKES HERNIA CONTROL

Based on professional advice, it has been determined that the sykes hernia control (a spring-type, U-shaped, strapless truss) is not functionally more beneficial than a conventional truss. Make program reimbursement for this device only when an ordinary truss would be covered. (Like all trusses, it is only of benefit when dealing with a reducible hernia). Thus, when a charge for this item is substantially in excess of that which would be reasonable for a conventional truss used for the same condition, base reimbursement on the reasonable charges for the conventional truss.

See Intermediary Manual, §3110.5; Medicare Carriers Manual, §2133; and Hospital Manual, §228.5.

## 70-3 PROSTHETIC SHOE

A prosthetic shoe (a device used when all or a substantial portion of the front part of the foot is missing) can be covered as a terminal device; i.e., a structural supplement replacing a totally or substantially absent hand or foot. The coverage of artificial arms and legs includes payment for terminal devices such as hands or hooks even though the patient may not require an artificial limb. The function of the prosthetic shoe is quite distinct from that of excluded orthopedic shoe and supportive foot devices which are used by individuals whose feet, although impaired, are essentially intact. (Section 1862(a)(8) of the Act excludes payment for orthopedic shoes or other supportive devices for the feet.)

See Intermediary Manual, §3110.5; Medicare Carriers Manual, §2133; and Hospital Manual, §228.5.

## 80 PATIENT EDUCATION PROGRAMS

## 80-1 INSTITUTIONAL AND HOME CARE PATIENT EDUCATION PROGRAMS

While the Act does not specifically identify patient education programs as covered services, reimbursement may be made under Medicare for such programs furnished by providers of services (i.e., hospitals, SNFs, HHAs, and OPT providers) to the extent that the programs are appropriate, integral parts in the rendition of covered services which are reasonable and necessary for the treatment of the individual's illness or injury.

For example, educational activities carried out by nurses such as teaching patients to give themselves injections, follow prescribed diets, administer colostomy care, administer medical gases, and carry out other inpatient care activities may be reimbursable as a part of covered routine nursing care. Also, the teaching by an occupational therapist of compensatory techniques to improve a patient's level of independence in the activities of daily living may be reimbursed as a part of covered occupational therapy. Similarly, the instruction of a patient in the carrying out of a maintenance program designed for him/her by a physical therapist may be reimbursed as part of covered physical therapy.

However, when the educational activities are not closely related to the care and treatment of the patient, such as programs directed toward instructing patients or the public generally in preventive health care activities, reimbursement cannot be made since the Act limits Medicare payment to covered care which is reasonable and necessary for the treatment of an illness or injury. For example, programs designed to prevent illness by instructing the general public in the importance of good nutritional habits, exercise regimens, and good hygiene are not reimbursable under Medicare.

#### 80-2 DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING

Please refer to 42 CFR 410.140 – 410.146 for conditions that must be met for Medicare coverage.

#### 80-3 MEDICAL NUTRITION THERAPY

Section 1861(s)(2)(V) of the Social Security Act authorizes Medicare part B coverage of medical nutrition therapy services (MNT) for certain beneficiaries who have diabetes or a renal disease, effective for services furnished on or after January 1, 2002. Regulations for medical nutrition therapy (MNT) were established at 42 CFR §§410.130 – 410.134. This national coverage determination establishes the duration and frequency limits for the MNT benefit and coordinates MNT and diabetes outpatient self-management training (DSMT) as a national coverage determination.

Effective October 1, 2002, basic coverage of MNT for the first year a beneficiary receives MNT with either a diagnosis of renal disease or diabetes as defined at 42 CFR §410.130 is 3 hours. Also effective October 1, 2002, basic coverage in subsequent years for renal disease or diabetes is 2 hours. The dietitian/nutritionist may choose how many units are performed per day as long as all of the other requirements in this NCD and 42 CFR §§410.130-410.134 are met. Pursuant to the exception at 42 CFR §410.132(b)(5), additional hours are considered to be medically necessary and covered if the treating physician determines that there is a change in medical condition, diagnosis, or treatment regimen that requires a change in MNT and orders additional hours during that episode of care.

Effective October 1, 2002, if the treating physician determines that receipt of both MNT and DSMT is medically necessary in the same episode of care, Medicare will cover both DSMT and MNT initial and subsequent years without decreasing either benefit as long as DSMT and MNT are not provided on the same date of service. The dietitian/nutritionist may choose how many units are performed per day as long as all of the other requirements in the NCD and 42 CFR §§410.130-410.134 are met. Pursuant to the exception at 42 CFR 410.132(b)(5), additional hours are considered to be medically necessary and covered if the treating physician determines that there is a change in medical condition, diagnosis, or treatment regimen that requires a change in MNT and orders additional hours during that episode of care.

